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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Republic of Chad
Support for an interim population programme

Proposed UNFPA assistance:	$3.5 million, of which $2.3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Two years
Estimated starting date:	January 1994
Executing agencies:	Government of the Republic of Chad United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Cooperation

Chad

Demographic facts

Population (000)	
Total	6,351
Males	3,141
Females	3,220
Sex ratio (/100 females)	97.6
Urban	2,350
Rural	4,001
Per cent urban	37.0
Population in year 2000 (000)	7,307
Functional age groups (%)	
Young child: 0-4	17.4
Child: 5-14	26.0
Youth: 15-24	18.8
Elderly: 60+	5.7
65+	3.6
Percentage of women aged 15-49	44.9
Median age (years)	18.3
Dependency ratios: total	88.7
(/100) Aged 0-14	81.9
Aged 65+	6.8
Agricultural population density (/hectare of arable land)	1.3
Population density (/sq. km.)	5.0

Average annual change (000)	
Population increase	161
Births	261
Deaths	107
Net migration	7
Annual population total (% growth)	2.72
Urban	5.87
Rural	1.07
Crude birth rate (/1000)	43.7
Crude death rate (/1000)	18.0
Net migration rate (/1000)	1.3
Total fertility rate (/woman)	5.89
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	2.90
Net reproduction rate (/woman)	2.05
Infant mortality rate (/1000)	122
Maternal mortality rate (/100,000)	860
Life expectancy at birth (years)	
Males	45.9
Females	49.1
Both sexes	47.5
GNP per capita (U.S. dollars, 1991)	210

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1993. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1992 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects 1992 and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. EXECUTIVE PROGRAMME SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a bridging population programme in the amount of $3.5 million, of which $2.3 million would be programmed from UNFPA's regular resources, over a two-year period, starting January 1994, to assist the Government of Chad in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be UNFPA's second cycle of assistance in Chad.

2. The proposed bridging programme is based on: (a) the objectives and strategies of Chad's New Policy for Health Development; (b) the country's draft Population Policy Declaration; (c) the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Chad in June 1993; (d) the experience gained from UNFPA's first programme of assistance; and (e) consultations and discussions with senior officials of concerned ministries, as well as with representatives of UNDP, UNICEF, the World Bank, WHO and concerned non-governmental organizations (NGOs). This bridging programme would enable UNFPA to synchronize its programming cycle with those of its partner organizations in the Joint Consultative Group on Policy (JCGP).

3. The programme's long-term objective is to help improve the socio-economic conditions of the Chadian population by gradually bringing the population growth rate in line with available resources. The two main immediate objectives of the programme are to help: (a) reduce the high levels of maternal and child morbidity and mortality, primarily by improving and extending family planning services; and (b) create national awareness, using culturally sensitive information, education and communication (IEC) activities, about the linkages between population, women's socio-economic status, environmental issues and the development process.

4. According to preliminary estimates of the 1993 census, the population of Chad is 6.3 million, an increase of 40 per cent since 1980. If the annual growth rate of 2.36 per cent is sustained, the population will double in 29 years. The total fertility rate of 5.9 is quite high but is somewhat lower than that in neighbouring countries, perhaps because of the widespread prevalence of infertility. Infant and maternal mortality rates are also very high, 122 per 1,000 and 860 per 100,000 live births, respectively, and life expectancy at birth is only 47.5 years. Chad is also one of the poorest countries in the world, with an average gross national product (GNP) of $210 in 1991. This has been exacerbated by two decades of political instability and domestic strife.

5. Family planning is in the early stages in Chad. It is estimated that the modern contraceptive prevalence rate (CPR) is only 1.2 per cent. However, the large and increasing number of abortions (which are illegal in the country) shows that there is a great unmet need for reliable contraception. The Government indicated its understanding of this problem when it adopted its New Policy for Health Development in 1988, which sets a target of increasing the CPR to 10 per cent by the year 2000 and which aims to integrate family planning (FP) services into the maternal and child health (MCH) programme nationwide.

6. UNFPA's assistance to Chad began in 1986; $3.5 million was spent during the first country programme, which covered the period 1989-1993. The main results were the development of MCH/FP services in the large cities in the three prefectures where the Fund concentrated its activities; the training of about 30 health personnel in family planning in the same three prefectures; the drafting of a Population Policy Declaration; and assistance with the country's first population census in 1993. These efforts were hampered by political turmoil and the ongoing state of war, by the lack of awareness of population issues by the country's leaders, and by the meagerness of other external assistance for population activities.

7. In the past, UNFPA was by far the largest international funder of family planning activities in Chad. Other multilateral and bilateral agencies have provided assistance to related areas, such as building or

repairing the health care infrastructure and conducting the census, but until now there has been almost no funding for specific family planning activities. Recently, however, the World Bank has proposed a "Population and Health" project that would provide $20 million over the period 1994-1998.

8. The PRSD mission estimated that Chad would require a total of $20.8 million in population assistance for the period 1994-2000. This is far beyond UNFPA's resources. The proposed bridging programme, therefore, has limited short-term aims. The most important of these, and the one to which most resources would be directed, is to continue MCH/FP and Safe Motherhood activities in the capitals of the three prefectures in which UNFPA has been operating, to expand these activities to smaller centres in these three prefectures, and to start activities in three new prefectures. Family life education activities that have been started on a pilot basis would be expanded modestly. A major objective would be to collect more data on current family planning practices and to arrive at an accurate estimate of the country's contraceptive requirements, which is not currently available. The Fund would continue to supply contraceptives in certain parts of the country. UNFPA proposes to spend a total of $3.5 million in 1994-1995, of which $2.3 million would come from the Fund's regular resources, to carry out these objectives.

9. Given the small size of UNFPA's proposed programme, it will be necessary to cooperate with the World Bank in the execution of its much larger programme. The Bank proposes to provide assistance to construct health facilities, increase the capacity of the Population Unit of the Directorate of Planning, carry out a demographic and health survey, and help implement the draft Population Policy Declaration. UNFPA would complement these activities by its work in Chari-Baguirmi, Ouaddaï, Logone Occidental, Batha, Guéra, and Tandjilé prefectures, all of which are located in the south of the country.

10. A mechanism would be set up to review the results of the proposed programme in 1995 and to update the 1993 PRSD mission report in order to develop the 1996-2000 country programme. Progress reports, annual tripartite review meetings and independent evaluations of programme components would serve to monitor the programme during its operation. The programme would be administered by the UNFPA Country Director under the supervision of the UNFPA Representative.

11. Recommendation. The Executive Director recommends that the Executive Board approve the programme for Chad as presented below, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

II. BACKGROUND

12. According to the preliminary estimates of the 1993 census, the total population of Chad is about 6.3 million, including about 360,000 (5.7 per cent) nomads. This is a 40 per cent increase over the estimates of 4.5 million in 1980. About 80 per cent of the total population lives in the arable areas of the southern and south-eastern regions, which make up only 6 per cent of the national territory and have an estimated population density of 42 inhabitants per square kilometre compared to 0.2 in the north. The urban population accounts for about 21.1 per cent of the total and as such is one of the highest in the Sahel region of northwestern Africa. Rural-to-urban migration is being intensified by drought, war and political instability and deteriorating economic conditions. If the natural growth rate of 2.4 per cent a year is sustained, Chad's population would reach 7.3 million by the year 2000, would double in 29 years and would reach 12.6 million by the year 2022. Although very high by world standards, the total fertility rate (TFR) of 5.9 children per woman is among the lowest in the Sahel region, which has an average of 6.6. The country's lower fertility status may be explained by the seemingly high prevalence of infertility in Chad.

13. The estimated health indicators point to a very poor health status, with a crude death rate of 19 per 1,000 and an average life expectancy at birth of 47.6 years (49.1 years for women and 45.9 years for men). Infant and child mortality rates are on average 122 and 180 per 1,000, respectively, but reach as high as 180 and 230 per 1,000 in some areas. The maternal mortality nationwide rate is estimated at 860 per 100,000 live

births. This high rate is attributed to: (a) pregnancies that are too early or too late in the woman's reproductive cycle or are too closely spaced; (b) the large and increasing number of clandestine abortions, particularly among those aged 15 to 20 years; (c) the very low percentage of assisted deliveries (estimated at only 16.3 per cent in 1991). The prevalence of HIV infection among the general population is not known, but is estimated at 6.5 per cent among pregnant women. About 50 per cent of the country's 180 medical doctors are located in the capital city of Ndjamena, and less than 13 per cent are in rural areas. Out of the 46 health districts, only 24 are fully operational. The percentage of the national budget allocated to the health sector has decreased from 7 per cent in 1978 to 3 per cent in 1992.

14. Although the CPR for modern contraceptives is estimated at less than 2 per cent, the potentially high demand for family planning services is indicated by the increasing number of clandestine abortions. This was confirmed by the results of a knowledge, attitude and practices (KAP) survey conducted at the end of the 1980s, which found that 58 per cent of the women interviewed cited abortion as a family planning method, and 54 per cent expressed their desire to use modern family planning methods for child-spacing. The most widely used modern contraceptive methods are the pill, followed by injectables, condoms and spermicides. However, less than 20 per cent of the 349 local health centres offer family planning services.

15. In 1988, the Government elaborated its New Policy for Health Development, which operates at three levels (at the central, prefecture and sub-prefecture levels). The Policy gives priority to: (a) the promotion of education and preventive activities as well as the strengthening of basic curative services; (b) the establishment and operationalization of a health system based on health districts; and (c) the decentralization of decision-making. The Policy's main objectives for the year 2000 are to reduce the child mortality rate from 180 to 120 per 1,000; to reduce the maternal mortality rate from 860 to 400 per 100,000 live births; and to increase the modern contraceptive prevalence rate from 1.2 per cent to 10 per cent. To achieve these objectives, the main strategies include efforts to sensitize the population through intensive IEC efforts in order to involve them in the improvement of their own health status; increase the detection and care of high-risk pregnancies; and implement the decisions of the 1988 national conference on family well-being, which defined the concept of family planning as promoting maternal/child health through child-spacing, reducing sexually transmitted diseases (STDs) and infertility, and promoting health education. The Plan proposed that family planning services be integrated into the national MCH programme.

16. The socio-economic status of women in Chad is rather low. They are on average less educated than men and are nearly twice as likely to be illiterate (90 per cent compared to 47 per cent for men). The proportion of girls in school decreases from 35 per cent of the enrolment in grade 1 to 17 per cent in grade 6, 16 per cent in secondary schools and 2 per cent at the university level. The average age of marriage for women is very young, and they are under-represented in the formal sector of the economy. Nevertheless, the Government has shown its commitment to improve the status and living conditions of women by establishing in 1991 a National Committee for the Integration of Women in Development and recently creating a Division for Law, Legal Affairs and Women's Rights in the Directorate for Women's Improvement. Recently, two NGOs have been created to protect women's rights and to promote their participation in the development process. With UNDP support, a common strategy for women's promotion is being developed based on strategies already proposed by UNICEF, UNFPA and other agencies. The aim is to elaborate a multisectoral plan of action that will serve as a common framework for interventions in this area. This strategy is likely to be formally adopted by the Government in 1994.

17. The Government is increasingly aware of the interaction between population, women's socio-economic status, environmental issues and development, but such awareness has yet to be promoted among the general public. In order to deal with the country's specific population problems within a global framework, the Government has formulated a draft Population Policy Declaration that is being discussed through national and regional seminars. Among its objectives the Declaration aims to promote national awareness of the linkages between population and development and to enhance women's participation in the development process.

18. Chad is one of the poorest countries in the world, with an estimated per capita gross nation product (GNP) of $210 in 1991. The country's most intractable development problems include recurring political instability and domestic strife. In 1987, the Government put in place an economic adjustment programme that was expanded into a comprehensive adjustment effort supported by the International Development Agency (IDA) and the International Monetary Fund (IMF). The country is still facing considerable financial difficulties, and the salaries of public servants are paid irregularly under the continued implementation of the adjustment programme.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

19. UNFPA's first cycle of assistance to Chad (1986-1988) provided support to develop MCH/FP services. UNFPA's first comprehensive programme of assistance was approved by the Governing Council in 1989 for five years (1989-1993) in the amount of $4.5 million, including $3.5 million from UNFPA regular resources. The specific objectives of this programme included: (a) creating awareness of family life and population-related issues through IEC activities; (b) improving the country's population database as a means of increasing the knowledge and understanding of the impact of demographic factors on development; (c) promoting and protecting family health through improved delivery of maternal and child health and birth-spacing services; and (d) improving the status of women. By the end of 1993, $3.5 million had been expended from UNFPA regular resources.

20. UNFPA's assistance helped to: (a) raise the awareness of population issues among government officials; (b) create a consensus among government officials, key religious leaders and national experts on the usefulness of family planning in promoting family well-being; (d) elaborate a draft Population Policy Declaration; (d) conduct the first population census in Chad; and (e) strengthen the national capacity to deal with population issues.

21. The implementation of the programme encountered a number of constraints including: (a) the long and bureaucratic procedures of various executing agencies; (b) a general lack of awareness among certain decision makers, opinion leaders and the public of the relationship between population and development; (c) disruptions caused by frequent political turmoil and unrest and the ongoing state of war; (d) the shortage of trained nationals in the population field and the high turnover of those trained under the UNFPA-assisted programme; and (e) the lack of needed multi-bilateral resources because of the uncertain political situation.

Maternal and child health and family planning

22. UNFPA assistance in this area helped to promote awareness of the benefits of family planning among government officials, key religious leaders and national experts, as well as among an increasing proportion of the population in the larger cities. It also helped to develop MCH/FP services in these cities, provide administrative and technical assistance to the MCH/FP Division of the Ministry of Health, formulate a national MCH/FP strategy, and train key personnel in family planning and reproductive health, including five medical doctors, 22 heads of MCH/FP programmes and four socio-health agents. The Fund also supplied contraceptive commodities to Ndjamena and provided support to extend integrated services to Moundou and Abéché, the capitals of Logone Occidental and Ouaddaï prefectures, respectively, and to rehabilitate the national reference centre and three health centres in Ndjamena and Abéché. It is estimated that by the end of 1993, UNFPA assistance to MCH/FP activities amounted to $1.12 million.

23. Despite these achievements, MCH/FP services are still not accessible to most of the rural population. The difficulties in improving and extending such services outside the capital cities include: (a) the lack of interest of Chadian medical doctors in family planning; and (b) the weakness of the IEC component of the MCH/FP programme which could have fostered a wider acceptance of family planning.

Information, education and communication

24. UNFPA assistance in this area focused on introducing basic concepts of family life education (FLE) into the formal and non-formal sectors. The pilot programme to introduce FLE into the non-formal sector did not start until 1991, however, because of administrative difficulties. This was compounded by a delay in the publication of the preliminary results of a demographic and socio-cultural survey, which were to be used to develop FLE modules to be integrated into the curricula of 29 women's centres for agricultural training. This, in turn, delayed the implementation of a pilot activity to introduce FLE components into the curricula of 15 primary and secondary schools in Ndjamena, which was to be extended progressively to other parts of the country over a three-year period.

25. An independent evaluation of these pilot activities underlined the need, inter alia, to draw upon the socio-cultural survey to help clarify the concepts and definitions used in the teacher training manuals. Nonetheless, the pilot activities did succeed in training three Chadian nationals in materials development, in helping to develop draft guidelines for the training of trainers, and in developing teaching materials for primary schools.

Data collection and analysis

26. The organization, conduct and official publication of the preliminary results of the first census in Chad represent a major UNFPA contribution to population and development activities in Chad. The census operations were reinforced by the technical assistance provided through the UNFPA Country Support Team based in Dakar, Senegal, and by the local UNFPA field office. They also provided the opportunity for on-the-job training in census taking, including census cartography and data processing. The next steps of the programme will be to continue to process census data and to analyse, publish and disseminate the results.

Population policy formulation

27. The main objective of UNFPA assistance in this sector was to promote awareness of the linkages between population and development and to disseminate the findings of various research and surveys as well as the results of the population census. UNFPA provided assistance to organize seminars at the national and regional levels for journalists, NGOs, donors and parliamentarians to review and discuss the draft of the Population Policy Declaration (PPD), which was officially adopted in January 1994.

Women, population and development

28. UNFPA was not able to support planned activities to strengthen women's organizations as envisaged in the first country programme. This was due to the political problems that led to the overthrow of the Government in December 1990 and the abolition of associated political organizations, including women's organizations.

Other external assistance

29. UNDP, UNICEF, WHO, the World Bank and the United Nations Sudano-Sahelian Office (UNSO) have been among the other multilateral organizations active in population-related activities in Chad. In addition to co-funding the recent population census, UNDP has provided assistance to develop women's craft industries and as well as to support immunization programmes, AIDS prevention and awareness activities, primary health care services and training in the National School of Public Health and Social Security. UNICEF is providing support through its $25 million programme of assistance for 1990-1994 for activities in the areas of primary health care, immunization, nutrition and sanitation.

30. WHO has been providing general assistance to the Government's health programme, in particular to such areas as MCH/FP, primary health care, AIDS prevention, immunization and sanitation. The World Bank co-funded the census and is providing support for Chad's Action Programme for Social Development, including efforts to elaborate the Population Policy Declaration and to construct health units. Its Social Dimensions of Adjustment programme includes a household survey in Ndjamena, and its new population and health project of $20 million for 1994-1998, which is being considered by the Government, includes support to help implement the Population Policy Declaration. UNSO's 1992-1996 programme of $2 million has a relocation component designed to help reduce population pressures in areas with high population density.

31. Assistance for population-related activities has also been extended through bilateral channels. For example, the sixth programme (1988-1992) of the European Development Fund contributed $14 million to rehabilitate health facilities in nine prefectures. The seventh programme (1993-1997), also in the amount of $14 million, will be used to help strengthen the health districts in the same prefectures. USAID has helped to equip the Population Unit of the Directorate of Planning and provided assistance to train its staff. It has also supplied contraceptives in support of an MCH/FP programme in Moyen-Chari prefecture and contributed to the processing of census data. France has been providing medical doctors and medical equipment, and has been supporting the National Research Centre. Switzerland co-funded the census (in the amount of $3 million) and is providing assistance to help develop health services and is supporting a campaign to increase awareness in primary schools of the problems of desertification.

32. International NGOs are also active in the population and health field. Medicins Sans Frontières has been contributing to the development of health districts through training of personnel and provision of materials and drugs. CARE International has been providing MCH services, promoting awareness of environmental issues through educational programmes, assisting community development activities, and promoting the attendance of girls in schools.

IV. PROPOSED PROGRAMME 1994-1995

33. The June 1993 PRSD mission estimated the overall population assistance needs of Chad at about $20.8 million for the period 1994-2000. The mission recognized that these needs are beyond the means and resources of UNFPA. At the same time, given the situation in Chad, the PRSD mission recommended that UNFPA should continue to play the lead coordinating role in the population field and should contribute to the support of all components of the national population programme. However, taking into account UNFPA's resource constraints, the estimation of what is currently achievable in Chad and the activities of other donors in the population field, only limited support on the part of UNFPA is proposed for the two-year period.

34. Therefore, the proposed programme has been designed, in its objectives and strategies, to provide support to three priority sectors, namely: (a) to consolidate and extend MCH/FP services; (b) to promote awareness of and support for MCH/FP services through IEC activities; and (c) to improve women's socio-economic status. The Fund would also provide limited assistance to other activities such as the collection and analysis of data, the assessment of contraceptive needs and the development of an action plan for the implementation of the Population Policy Declaration.

35. All projects under the proposed programme, as in all UNFPA-assisted programmes would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

Maternal and child health and family planning

36. The proposed MCH/FP programme would aim at assisting the Government in its efforts to reach the targets set forth in the New Policy for Health Development. This would be achieved by (a) providing continued support to strengthen MCH/FP activities including Safe Motherhood in Ndjamena, Abéché and Moundou, the capitals of the three prefectures where UNFPA has concentrated its activities, and extending such activities to medium- and small-sized cities in the same prefectures; and (b) extending MCH/FP activities plus Safe Motherhood to the prefectures of Batha, Guéra and Tandjilé. The total population to benefit from UNFPA support in this area would therefore increase from approximately 1 million (15.7 per cent of Chad's population) to 3.3 million (52.6 per cent), and MCH/FP services would be available in a total of 15 hospitals and 103 local health centres.

37. UNFPA would also continue to provide technical assistance as well as contraceptives, including condoms for the prevention of STDs and AIDS, and other essential drugs and equipment for MCH/FP activities. It would also assist in strengthening the skills of physicians and health managers at the health district level in family planning and in programme monitoring and evaluation. The Fund would provide support to develop a management information system at the prefecture level in order to provide the necessary tools for the follow-up and management of MCH/FP activities and to train the staff of the National Family Planning Reference Centre and its sub-centres in the treatment of high-risk pregnancies and the conduct of follow-up research on the problems relating to contraceptive use. UNFPA would also provide in-service training in family planning and Safe Motherhood to MCH/FP providers, including midwives in the central health districts, nurses in the peripheral health districts and traditional birth attendants.

38. UNFPA would collaborate closely with the World Bank in providing support to construct health facilities; with UNICEF in implementing the expanded programme of immunization (EPI); and with the European Development Fund in supporting the rehabilitation of health facilities in Chari-Baguirmi, Tandjilé, Ouaddaï, Guéra and Batha prefectures. UNFPA proposes to provide an amount of $1.7 million for MCH/FP activities, of which $500,000 would be sought from other sources, including multi-bilateral funding.

Information, education and communication

39. UNFPA assistance in the area of IEC would seek: (a) to promote national awareness of the linkages between population, women's socio-economic status, environment-related issues and the development process; (b) to provide information to specific target groups on the benefits of family planning through culturally sensitive IEC activities; (c) to collaborate with the World Bank, UNDP, WHO, UNICEF and various NGOs in establishing a coordinating mechanism for IEC activities; and (d) to consolidate and institutionalize population education in the formal school system.

40. Non-formal sector. UNFPA would work closely with the World Bank, UNDP and WHO in efforts to sensitize influential groups about important population and development issues and to enlist their support in formulating and implementing activities needed to address these issues. The Directorate of Planning, in which the Population Unit is located, would be responsible for organizing seminars and workshops on population problems and gender issues and for working with religious authorities through the Islamic and Diocesan Councils. UNFPA would also help make the IEC Unit of the Ministry of Health fully operational, drawing upon the technical support of its Country Support Team based in Addis Ababa and securing the services of an IEC specialist from the United Nations Volunteers. This would complement the World Bank's assistance to the IEC Unit.

41. The Fund would also intensify efforts to sensitize health-care professionals and the public alike to the benefits of family planning. This would involve: (a) organizing seminars for the managers of health-care services in 14 prefectures including 8 of the prefectures not covered by the Fund's MCH/FP programme; (b) developing education and counselling programmes specifically designed for and aimed at adolescents and those

living in rural communities; (c) using youth associations and radio programmes in the six prefectures targeted by UNFPA's MCH/FP programme to address sensitive issues relating to abortion, family planning and infant, child and maternal mortality. UNFPA would also provide the Youth Centre of the Chadian Association for Family Welfare currently being constructed in Ndjamena with audio-visual equipment and IEC materials to help the Centre sensitize youth on problems relating to adolescent sexuality.

42. Formal sector. UNFPA would continue to support government efforts to consolidate and institutionalize family life eduction in its school programme. To help achieve this, the Fund would procure the services of an FLE specialist from UNV, provide technical assistance through its CST in Addis Ababa, and make use of nationals trained under the previous programme to prepare training and teaching materials based on the results of the socio-cultural survey conducted during the last programme cycle. UNFPA would continue to support the pilot activities begun in the last cycle to introduce FLE in 15 selected primary and secondary schools and to include basic FLE concepts, as well as related environmental issues, in the school curricula. In so doing, the Fund would take advantage of the World Bank's ongoing support for reform of primary education and of the environmental education programmes of the European Development Fund and UNSO. UNFPA would also support activities to sensitize parents and community and religious leaders to basic FLE concepts as a means of facilitating programme implementation, which would be the responsibility of a government body to be designated by the Ministry of National Education.

43. UNFPA would also assist efforts to include, on a pilot basis, FLE concepts in the training programme of selected agricultural training centres by providing FLE materials as well as technical support from the UNFPA Country Support Team. The women leaders trained will become an invaluable resource for disseminating information on family planning, responsible parenthood and gender issues.

44. UNFPA proposes to provide a total amount of $700,000 for IEC activities, of which $200,000, in assistance or in-kind, would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

45. UNFPA assistance in this area is designed to: (a) improve knowledge about the levels, structures, trends, determining factors and consequences of demographic phenomena as well as about current family planning attitudes and practices; and (b) provide basic information to help with the management of the proposed programme.

46. To achieve this, UNFPA would provide assistance to organize training workshops to help nationals from interested ministries to analyse census data, with experts from UNFPA's Country Support Team and other United Nations institutions providing technical support. The Fund would also organize, with other donors yet to be identified, a demographic and health survey, including a component on the knowledge, attitude and practice (KAP) of family planning methods as well as of the issues of abortion and infertility. The results of the survey will be essential, inter alia, for estimating the contraceptive requirements of the country in support of the MCH/FP programme. At present, there are no estimates of what these contraceptive requirements are.

47. UNFPA proposes to allocate $200,000 from its regular resources for activities in this sector and proposes to seek an additional $300,000 from other sources, including multi-bilateral sources.

Population policy implementation

48. UNFPA would contribute to the implementation of the Population Policy Declaration, which will be funded mainly by the World Bank under its population and health project. The World Bank will also support activities of the National Population Council and the Population Unit in this endeavour as well as the required multisectoral policy analysis, the resulting programme planning and implementation, and the comprehensive

multimedia IEC support programme. In view of this World Bank support, UNFPA would limit its assistance to two activities: (a) providing technical backstopping through the UNFPA Country Support Team to help elaborate the Plan of Action for the implementation of the Population Policy Declaration, and to establish and put into operation the National Population Council; and (b) supporting the training of nationals in population and development through workshops and short-term training programmes. UNFPA proposes to allocate $150,000 to this sector.

Women, population and development

49. Pending the adoption of the Women in Development (WID) Plan of Action, UNFPA's specific strategy in this area would be to collaborate with UNDP, UNICEF and possibly the World Bank in incorporating women's concerns in all proposed programme activities and in supporting the elaboration, adoption and implementation of a national family code that would recognize and protect women's rights, including their reproductive rights, and that would serve as the legal framework for the promotion of women. These activities would include, among others, a socio-cultural survey that would focus on the evolution of customary practices relating to the family (marriage, custody of children, inheritance, etc.). UNFPA would assist in strengthening the institutional capabilities of the Directorate for Women's Promotion and of women's economic associations in the six prefectures covered by the proposed MCH/FP programme through training workshops that would focus on analysing the situation of women in Chad and managing micro-enterprises. UNFPA proposes to provide $400,000 to activities in this area, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

50. An amount of $50,000 would be held in reserve for any unforeseen proposals that may be developed within the framework of the proposed programme.

Financial statement

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.5 million over the two-year period 1994-1995, of which $2.3 million would be programmed from UNFPA's regular resources. The following table shows how the programme would accommodate these two levels of funding.

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,200,000	500,000	1,700,000
Information, education and communication	500,000	200,000	700,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	150,000	-	150,000
Women, population and development	200,000	200,000	400,000
Programme reserve	50,000	-	50,000
TOTAL	2,300,000	1,200,000	3,500,000

IV. RECOMMENDATION

52. The Executive Director recommends that the Executive Board approve the programme for Chad as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.